| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185222 | A. Building<br>B. Wing | 01/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Good Shepherd Health and Rehabilitation | 60 Phillips Branch Road<br>Phelps, KY 41553 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview it was determined the facility failed to properly label biological and medications to facilitate safe administration of medications to include open dates for 2 of 2 sampled Residents (R ), R53 and R70. Additional observation determined the facility failed to remove expired testing supplies. This deficient practice had the potential to affect the entire census of 84.Observation on [DATE] revealed one opened tube of Diflonanac1% for R70 did not have an open date label.Observation on [DATE] revealed one opened tube of Nystatin 100, 000 units for R53 did not have an open date label.Observation on [DATE] revealed 5 unopened culture tubes were outdated.The findings include:Review of facility policy titled Labeling and Storage no date given, revealed all medications and biologicals will be labeled to facilitate consideration of precautions and safe administration of medications. 1.Review of R53's Electronic Health Record (EHR) revealed resident was admitted to facility on [DATE] with diagnoses to include diabetes, kidney disease, diseases of the skin and subcutaneous tissue, and heart failure.Review of R53's physician order set revealed a telephone order was placed on [DATE] for Nystatin External Cream one hundred thousand (100,000) unit/Gram (nystatin topical), apply to groin topically every morning and at bedtime for redness.Observation on [DATE] at 9:30 AM during Hall C treatment cart audit revealed one opened tube of Nystatin topical cream, 100,000 Units (antifungal cream to treat skin infections) however the tube did not have an open date on tube. Further observation revealed tube was labeled with R53's name with a delivery date of [DATE]. 2.Review of R70's EHR revealed resident was admitted to facility on [DATE] with diagnoses to include vascular dementia, pain in leg, heart failure, and right knee osteoarthritis.Review of R70's physician order set revealed a telephone order was placed on [DATE] for Diclofenac Sodium External Gel 1% (topical), (arthritis pain gel) apply to left shoulder topically every 8 hours related to pain. Further review of physician order set revealed a telephone order was placed on [DATE] for Diclofenac Sodium External Gel 1%, apply to right knee topically every twelve hours related to pain in right knee.Observation on [DATE] at 9:30 AM during C Hall treatment cart audit revealed one opened tube of Diclofenac 1% External Gel labeled with R70's name however the tube did not have an open date on tube. Further review revealed delivery date was [DATE]. Additional observation on [DATE] at 10:00 AM of B Hall treatment cart audit revealed 5 culture tubes (sterile transport swabs) with expiration date of [DATE] on each. During an interview with RN10 on [DATE] at 9:30 AM she stated it is important to know the open date on medications so staff knows when to discard, adding it may not work affecting the resident. During an interview with LPN3 on [DATE] at 1:20 PM she stated having a label to identify open date on medications is important, so staff knows when to discard. She stated if anything is outdated, it could cause harm or maybe not work as it should.During an interview with the Director of Nursing (DON) on [DATE] at 12:50 PM, she stated her tasks were many and included providing oversite of staff, checking charts and having morning meetings with department heads daily. She stated her expectations of staff was for them to monitor the carts including treatment carts for expired products and proper labeling to<br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185222 | A. Building<br>B. Wing | 01/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Good Shepherd Health and Rehabilitation | 60 Phillips Branch Road<br>Phelps, KY 41553 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | include an open date label. She stated her concern if an open date is not placed on an item, staff would not know when to discard and that could affect the safety of the residents. When asked about her concern for culture tubes being expired, she stated the results of a culture could possibly be affected and the wrong treatment be placed since the culture guides the treatment at times. During an interview with the facility Administrator on [DATE] at 1:00 PM she stated her tasks included oversite of facility assuring the residents and the staff are taken care of. She stated her concern if a medication or any product didn't have an open date to let the staff know when to discard a product, that could have a potential to affect the resident. She stated if a medication or product has expired that too could have the potential to affect the treatment of the resident. She stated it is her expectation of the staff to audit the carts as scheduled by the DON to ensure all products are with labels to ensure no product or medications have expired. |